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TITLE: The Structure of Risk for HIV Transmission Among Male Crack Cocaine Users:
Focus on Partner Types

AUTHORS: Freeman, RC; Williams, ML(NOVA Research Co., Bethesda, MD)

OBJECTIVES: Ethnographic reports suggest that high-frequency crack smokers mostly indulge in oral sex with a collection of largely anonymous partners, often in exchange for drugs. We attempted to draw a more complete picture of the structure of HIV sexual risk among this population.

METHODS: Data are drawn from a multisite National Institute on Drug Abuse-supported HIV sexual risk reduction intervention programs. Subjects are 152 African-American male crack users, recruited in Miami and Washington, D.C., who tested positive for opiates or cocaine and self-reported vaginal sex in the prior week. Data were collected using the Sexual Risk Questionnaire, developed for the study which collects information on lifetime/current drug use, sexual behaviors, and condom use attitudes, beliefs, and intentions and the TCU Self-Rating Form, which measures psychological and social functioning

RESULTS: During the 30 days prior to the interview, sample men reported a mean of 4.6 women sexual partners; 36.2% had injected drugs; slightly over 20% had utilized previously used cookers, cottons, or wash water; and 14% had transferred drugs between syringes. Almost 30% reported ever having had sex with a male; 7.2% had done so in the previous 30 days. Over 77% of sample men currently had a "main" sexual partner; nearly two-thirds reported at least 1 current casual partner. Sample men reported means of 13.8 vaginal sexual encounters with a main partner and 5.6 encounters with a casual partner in the previous 30 days. Perceived social distance between partners influenced condom use, drugs used during sex; and typical settings for the sex. Depending on partner type, between 45% and 88% of sample men had used crack during their most recent vaginal sexual encounter. Over one-half anticipated having sex again with a recent sex partner who was a commercial sex worker, 49% confirmed regular current sexual involvement with both a man and at least 1 casual partner. Men with concurrent partners were significantly less likely than other men to be in the higher income categories and to be HIV positive; more likely to have traded sex for crack in a crack house; and had significantly higher self-esteem and lower depression scores.

CONCLUSIONS: These data suggest that, in addition to anonymous sex-for-crack sexual partners, a high proportion of chronic crack cocaine users maintain steady sexual relationships with concurrent partners. Sample men comprised a potentially significant bridge group for HIV transmission to these female sex partners insofar as many also use injection drugs and engage in sex with men. Interventions to reduce HIV transmission among chronic crack users need to adjust for the prevalence of concurrent partnerships among this population.

PRESENTER CONTACT INFORMATION

Name: Robert C. Freeman, Ph.D.

Address: NOVA Research Co., 4600 East-West Hwy. Ste. 700
Bethesda, MD 20814

Telephone: (301) 986-1891

Fax: (301) 986-4931

E-mail: Bfreeman@novaresearch.com